U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Case UPOF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 1/507	2. Fiscal Year Covered From:
	[/ [] / [04] Through: [/2 / 3] / [64]
3. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name GREGORY W NOWAK	Name TEAMSTERS LOCAL 1038
	Labor Organization File Number 1094536
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 67 SHERON	Street 2741 TRUMBULL
City LE ONION	City DETROIT
State MZ ZIP Code + 4 48362	State MI ZIP Code + 4 48216
5. Position in labor organization. PRESIDENT	TO BEEN AND TO SERVICE THE PARTY OF T
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excli A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	usions set forth in the instructions): derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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P.O. Box, Bldg., Room No., if any	ACCIDING AND
Street	7.b. Amount.
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Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the
Signed	on 8-14-05 313 964-9741
· /	Date Telephone Number

lame of Person Filling GREGORY W NOWAK		File Number U-	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing GREGORY W NO	WAK	File Number U-
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